

		FOR BHF USE					

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2009
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2009)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<div>I. IDPH License ID Number: 0036244</div> <div>Facility Name: Alden Princeton Rehabilitation & Health Care Center</div> <div>Address: 255 West 69th Street Chicago 60621</div> <div>County: Cook</div> <div>Telephone Number: (773) 224 - 5900 Fax # (773) 224 - 7157</div> <div>HFS ID Number: 36-370816900</div> <div>Date of Initial License for Current Owners: 08/24/90</div> <div>Type of Ownership:</div> <div><div><div>VOLUNTARY,NON-PROFIT</div><div>Charitable Corp.</div><div>Trust</div><div>IRS Exemption Code</div></div><div><div>X PROPRIETARY</div><div>Individual</div><div>Partnership</div><div>X Corporation</div><div>"Sub-S" Corp.</div><div>Limited Liability Co.</div><div>Trust</div><div>Other</div></div><div><div>GOVERNMENTAL</div><div>State</div><div>County</div><div>Other</div></div></div> <div><div>In the event there are further questions about this report, please contact:</div><div>Name: Steven M. Kroll Telephone Number: (773) 286-3883</div><div>Email Address:</div></div>	<div>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</div> <div>I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/09 to 12/31/09 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</div> <div>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</div> <div><div>Officer or Administrator of Provider</div><div>(Signed)</div><div>(Type or Print Name) Joan Carl</div><div>(Title) Vice-President</div></div> <div><div>Paid Preparer</div><div>(Signed)</div><div>(Print Name and Title)</div><div>(Firm Name & Address)</div><div>(Telephone) () Fax # ()</div></div> <div><div>MAIL TO: BUREAU OF HEALTH FINANCE</div><div>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</div><div>201 S. Grand Avenue East</div><div>Springfield, IL 62763-0001</div><div>Phone # (217) 782-1630</div></div>
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Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center

0036244 Report Period Beginning: 1/1/09 Ending: 12/31/09

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	225	Skilled (SNF)	225	82,125	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	225	TOTALS	225	82,125	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	6,169	0	5,333	11,502	8
9	SNF/PED					9
10	ICF	42,605	382	0	42,987	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	48,774	382	5,333	54,489	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 66.35%

D. How many bed-hold days during this year were paid by the Department? none (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) none

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES NO x

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES NO x

I. On what date did you start providing long term care at this location? Date started 07/01/90

J. Was the facility purchased or leased after January 1, 1978? YES x Date 07/01/90 NO

K. Was the facility certified for Medicare during the reporting year? YES x NO If YES, enter number of beds certified 225 and days of care provided 3,983

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL x MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES x NO

Tax Year: 12/31/09 Fiscal Year: 12/31/09
* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS												
Facility Name & ID Number		Alden Princeton Rehabilitation & Health Care Center				#	0036244	Report Period Beginning:		1/1/09	Ending:	Page 3 12/31/09
V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)												
	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	297,538	26,483	10,800	334,821	1,726	336,547	5,308	341,855			1
2	Food Purchase		341,556		341,556	(43,017)	298,539	(59,113)	239,426			2
3	Housekeeping	231,190	57,144		288,334	1,367	289,701	4,838	294,539			3
4	Laundry	73,286	14,634	110	88,030	416	88,446		88,446			4
5	Heat and Other Utilities			228,165	228,165		228,165	376	228,541			5
6	Maintenance	49,125		225,417	274,542	262	274,804	23,926	298,730			6
7	Other (specify):* Related Party Benefits							7,499	7,499			7
8	TOTAL General Services	651,139	439,817	464,492	1,555,448	(39,246)	1,516,202	(17,166)	1,499,036			8
	B. Health Care and Programs											
9	Medical Director			42,300	42,300		42,300		42,300			9
10	Nursing and Medical Records	2,493,351	181,363	9,081	2,683,795	(321)	2,683,474	54,270	2,737,744			10
10a	Therapy	77,005	417	8,712	86,134	158	86,292		86,292			10a
11	Activities	372,901	13,028	3,276	389,205		389,205		389,205			11
12	Social Services	31,839			31,839		31,839		31,839			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related Party Benefits							8,529	8,529			15
16	TOTAL Health Care and Programs	2,975,096	194,808	63,369	3,233,273	(163)	3,233,110	62,799	3,295,909			16
	C. General Administration											
17	Administrative	161,608			161,608		161,608	104,926	266,534			17
18	Directors Fees											18
19	Professional Services			662,858	662,858	(20,079)	642,779	(552,009)	90,770			19
20	Dues, Fees, Subscriptions & Promotions			80,175	80,175		80,175	(67,013)	13,162			20
21	Clerical & General Office Expenses	176,406	34,658	90,268	301,332	554	301,886	260,840	562,726			21
22	Employee Benefits & Payroll Taxes			666,472	666,472	32,822	699,294	(9,578)	689,716			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,394	4,394		4,394	3,317	7,711			24
25	Other Admin. Staff Transportation			3,434	3,434		3,434	12,641	16,075			25
26	Insurance-Prop.Liab.Malpractice			244,915	244,915		244,915	6,729	251,644			26
27	Other (specify):* Related Party Benefits			113,114	113,114		113,114	(52,195)	60,919			27
28	TOTAL General Administration	338,014	34,658	1,865,630	2,238,302	13,297	2,251,599	(292,342)	1,959,257			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,964,249	669,283	2,393,491	7,027,023	(26,112)	7,000,911	(246,709)	6,754,202			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.
 NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			65,942	65,942		65,942	89,341	155,283			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			177,551	177,551		177,551	324,576	502,127			32
33	Real Estate Taxes							278,391	278,391			33
34	Rent-Facility & Grounds			883,655	883,655		883,655	(883,655)				34
35	Rent-Equipment & Vehicles			14,071	14,071		14,071	42,235	56,306			35
36	Other (specify):* MIP							37,419	37,419			36
37	TOTAL Ownership			1,141,219	1,141,219		1,141,219	(111,693)	1,029,526			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		305,017	340,146	645,163	26,112	671,275	(152,181)	519,094			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			123,188	123,188		123,188		123,188			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		305,017	463,334	768,351	26,112	794,463	(152,181)	642,282			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,964,249	974,300	3,998,044	8,936,593		8,936,593	(510,583)	8,426,010			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

From Line	To Line	Amount	Description
2	22	(43,017.00)	Employee Meals
		43,017.00	Employee Meals
22		(10,195.00)	Uniforms
	1	1,726.00	Uniforms
	3	1,367.00	Uniforms
	4	416.00	Uniforms
	6	55.00	Uniforms
	10	5,712.00	Uniforms
	11	158.00	Uniforms
	21	761.00	Uniforms
10	39	(26,112.00)	Oxygen - to appropriate cost center
		26,112.00	Oxygen - to appropriate cost center
19	10	(20,079.00)	Reclass - Clinical Coordinators (Pathway) to Line 10
		20,079.00	Reclass - Clinical Coordinators (Pathway) to Line 10
21	6	(207.00)	Vendor Settlements
		207.00	Vendor Settlements (may effect more than one line)

Net

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	12,003	30		9
10	Interest and Other Investment Income	(37,787)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(100)	2		13
14	Non-Care Related Interest	(39,926)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(3,892)	21		17
18	Fines and Penalties	(46,565)	32		18
19	Entertainment	(248)	20		19
20	Contributions	(7,631)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(13,638)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(113,114)	27		24
25	Fund Raising, Advertising and Promotional	(21,579)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (272,477)		\$	30

BHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(87,540)	various	34
35	Other- Attach Schedule	(150,566)	pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (238,106)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (510,583)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	\$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44						44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Report Period Beginning:

Ending:

ID#

0036244

1/1/09

12/31/09

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late Fees on Utilities	\$ (2,570)	5	1
2	Intercompany Interests	(91,060)	32	2
3	Misc Income - medical records	(292)	10	3
4	Misc Income - food rebate	(1,049)	2	4
5	back out Marketing manager Salaries	(56,972)	21	5
6	back out Employee benefit - Mktg manager Salaries	(9,578)	22	6
7	back out IHCA PAC Fees	(3,643)	20	7
8	Deming Leadership Training adjustment	(775)	24	8
9	add back prior years Tax Refund	13,364	33	9
10	reduce depreciation - pg 13 items<\$2,500	(10,876)	30	10
11	reduce depreciation - pg 13 items<\$2,500	46,256	6	11
12	Expense capital items <\$2,500 on pg 13 Rel Party	786	6	12
13				13
14				14
15	adj depreciation expense	(2,216)	30	15
16	adj for ABC related party profit - pg 12	(38)	30	16
17	adj for ABC related party profit - pg 12	(4)	30	17
18	Bank Charges - PRN LLC	(85)	21	18
19	Risk Management Exp adj	4,612	19	19
20	reduce depreciation - pg 12 items<\$2,500	(4,698)	30	20
21	reduce depreciation - pg 12 items<\$2,500 PRN LLC	(4,495)	30	21
22	expense capital items - pg 12 items<\$2,500 PRN LLC	7,380	6	22
23				23
24	Insur proceeds in excess of net book value-operator	(34,613)	30	24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(150,566)		49

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100%	See Pg 6K		See Pg 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	\$ 883,655	Princeton Associates I L.L.C.	0.00%	\$	\$(883,655)	1
2	V	32	Investment Income RR		Princeton Associates I L.L.C.		386	386	2
3	V	19	Accounting Fees		Princeton Associates I L.L.C.		8,330	8,330	3
4	V	33	Real Estate Tax		Princeton Associates I L.L.C.		259,264	259,264	4
5	V	26	Property & Liability Insurance		Princeton Associates I L.L.C.		6,551	6,551	5
6	V	32	Interest on Mortgage Note		Princeton Associates I L.L.C.		418,650	418,650	6
7	V	32	Interest on Operating Loss Loan		Princeton Associates I L.L.C.		43,549	43,549	7
8	V	36	Mortgage Insurance Premium		Princeton Associates I L.L.C.		37,419	37,419	8
9	V	30	Depreciation		Princeton Associates I L.L.C.		278,457	278,457	9
10	V	32	Amortization		Princeton Associates I L.L.C.		5,649	5,649	10
11	V	21	Misc Administrative Expenses		Princeton Associates I L.L.C.		4,303	4,303	11
12	V	19	Professional Fees		Princeton Associates I L.L.C.		5,178	5,178	12
13	V	30	Insur Proceeds in Excess of NBV	148,409				(148,409)	13
14	Total			\$ 1,032,064			\$ 1,067,736	\$ * 35,672	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 2,946	\$ 2,946	15
16	V	24	Travel and Seminar		Alden Management Services, Inc.		4,092	4,092	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		12,641	12,641	17
18	V	26	Insurance		Alden Management Services, Inc.		178	178	18
19	V	20	Dues and Subscription	34,512	Alden Management Services, Inc.		600	(33,912)	19
20	V	30	Depreciation		Alden Management Services, Inc.		2,864	2,864	20
21	V	33	Real estate taxes		Alden Management Services, Inc.		5,600	5,600	21
22	V	35	Rent - Equipment & Vehic		Alden Management Services, Inc.		42,235	42,235	22
23	V	32	Interest		Alden Management Services, Inc.		70,891	70,891	23
24	V	1	Dietary		Alden Management Services, Inc.		6,550	6,550	24
25	V	3	Housekeeping		Alden Management Services, Inc.		4,838	4,838	25
26	V	7	Employee Benefit - Gen Services		Alden Management Services, Inc.		6,371	6,371	26
27	V	10	Nurse & Medical Records Salary		Alden Management Services, Inc.		51,320	51,320	27
28	V	15	Employee Benefit - Health Care		Alden Management Services, Inc.		8,529	8,529	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		104,926	104,926	29
30	V	27	Employee Benefit - Admin		Alden Management Services, Inc.		56,833	56,833	30
31	V	19	Professional Fee	601,936	Alden Management Services, Inc.		45,445	(556,491)	31
32	V	21	General and Administrative		Alden Management Services, Inc.		275,078	275,078	32
33	V	6	Repairs and Maintenance	69,580	Alden Management Services, Inc.		39,357	(30,223)	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 706,028			\$ 741,294	\$ * 35,266	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Diet Consultant	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 2,711	\$ (8,089)	15
16	V	1	Diet Salary		Prism Health Care Services, Inc.		6,847	6,847	16
17	V	2	Tube Feeding	83,292	Prism Health Care Services, Inc.		25,328	(57,964)	17
18	V	10	Equipment Rental	6,660	Prism Health Care Services, Inc.		7,855	1,195	18
19	V	39	Ancillary Supplies	101,567	Prism Health Care Services, Inc.		52,719	(48,848)	19
20	V	21	Salary - G & A		Prism Health Care Services, Inc.		16,967	16,967	20
21	V	27	Employee Benefit		Prism Health Care Services, Inc.		3,242	3,242	21
22	V	7	Employee Benefit		Prism Health Care Services, Inc.		1,128	1,128	22
23	V	21	General and Administrative		Prism Health Care Services, Inc.		9,183	9,183	23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 202,319			\$ 125,980	\$ * (76,339)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 115,345	Forum Extended Care Services II, Inc.	0.00%	\$ 158,146	\$ 42,801	15
16	V	39	IV	69,786	Forum Extended Care Services II, Inc.		9,207	(60,579)	16
17	V	39	Wound Care	7,717	Forum Extended Care Services II, Inc.		6,085	(1,632)	17
18	V	10	House Stock	9,409	Forum Extended Care Services II, Inc.		8,535	(874)	18
19	V	10	Pharmacy Consultant	5,111	Forum Extended Care Services II, Inc.		8,032	2,921	19
20	V	27	Employee Vaccination	1,918	Forum Extended Care Services II, Inc.		1,515	(403)	20
21	V	27	Employee Benefit: G & A		Forum Extended Care Services II, Inc.		1,247	1,247	21
22	V	21	Salary: G & A		Forum Extended Care Services II, Inc.		10,367	10,367	22
23	V	21	General and Administrative		Forum Extended Care Services II, Inc.		5,891	5,891	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		789	789	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		163	163	25
26	V	30	Depreciation		Forum Extended Care Services II, Inc.		1,366	1,366	26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 209,286			\$ 211,343	\$ * 2,057	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 331,399	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 247,476	\$ (83,923)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 331,399			\$ 247,476	\$ * (83,923)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs and Maintenance	\$ 20,717	Alden Bennett Construction Company, Inc.	0.00%	\$ 20,444	\$ (273)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 20,717			\$ 20,444	\$ * (273)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center Provider No. 0036244 Report Period Beginning: 1/1/09 Ending: 12/31/09

RELATED NURSING HOMES		OTHER RELATED BUSINESS ENTITIES		
Name	City	Name	City	Type of Business
		The Forum Professional Center, LP	Chicago	Home Office rental
Heather Health Care Center, Inc.	Harvey			
Alden-Long Grove Rehabilitation and Health Care Center, Inc.	Long Grove	Forum Extended Care Services II, Inc.	Chicago	Pharmacy
Alden-Lincoln Park Rehabilitation and Health Care Center, Inc.	Chicago	Alden Management Services, Inc.	Chicago	Management
Alden-Northmoor Rehabilitation and Health Care Center, Inc.	Chicago			
Alden-Lakeland Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town East, Inc.	Bloomington	Alden Garden Courts of DesPlaines, LLC	DesPlaines	Assisted Living/Alzheimers Facility
Alden Terrace of McHenry Rehabilitation and Health Care Center, Inc.	McHenry	Alden Courts of Waterford, LLC	Aurora	Alzheimers Facility
Alden - Wentworth Rehabilitation and Health Care Center, Inc.	Chicago	Alden Gardens of Waterford, LLC	Aurora	Assisted Living
Alden Estates of Naperville, Inc.	Naperville	Prism Health Care Services, Inc.	Schaumburg	Nursing and Durable Equipment
Alden - Valley Ridge Rehabilitation and Health Care Center, Inc.	Bloomington	Community Physical Therapy & Associates, Ltd.	Wood Dale	Therapy Provider
Alden Village Health Facility for Children and Young Adults, Inc.	Bloomington	Alden Bennett Construction Company, Inc.	Chicago	General Contractor
Alden - Orland Park Rehabilitation and Health Care Center, Inc.	Orland Park			
Alden - Princeton Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town West, Inc.	Bloomington			
Alden - Town Manor Rehabilitation and Health Care Center, Inc.	Cicero			
Alden Trails, Inc.	Bloomington			
Alden - Poplar Creek Rehabilitation and Health Care Center, Inc.	Hoffman Estates			
Alden - North Shore Rehabilitation and Health Care Center, Inc.	Skokie			
Alden - Des Plaines Rehabilitation and Health Care Center, Inc.	Des Plaines			
Alden Estates of Evanston, Inc.	Evanston			
Alden - Alma Nelson Manor, Inc.	Rockford			
Alden - Park Strathmoor, Inc.	Rockford			
Alden - Meadow Park Health Care Center, Inc.	Clinton, WI			
Alden Estates of Barrington, Inc.	Barrington			
Alden of Waterford, LLC	Aurora			
Alden Springs, Inc.	Bloomington			
Alden Village North, Inc.	Chicago			
Alden Estates of Skokie, Inc.	Skokie			

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	176,750	1.784	4.46	Salary	\$ 8,250	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,579	1.784	4.46	Salary	3,061	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,758	1.784	4.46	Salary	1,762	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 13,073		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center # 0036244 Report Period Beginning: 1/1/09 Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Alden Management Services, Inc.
Street Address 4200 W. Peterson
City / State / Zip Code Chicago, IL 60646
Phone Number (773) 286-3883
Fax Number (773) 286-8038

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	5	Utilities	Patient days	1,221,923	31	\$ 66,061	\$	54,489	\$ 2,946	1
2	24	Travel/Seminar	Patient days	1,221,923	31	91,753		54,489	4,092	2
3	25	Other Admin Travel	Patient days	1,221,923	31	283,487		54,489	12,641	3
4	26	Insurance	Patient days	1,221,923	31	3,990		54,489	178	4
5	20	Dues/Subscriptions	Patient days	1,221,923	31	13,454		54,489	600	5
6	30	Depreciation	No. of Providers	31	31	102,169		1	2,864	6
7	33	Real Estate Tax	Patient days	1,221,923	31	139,876		54,489	5,600	7
8	35	Rent-Equip & Vehicles	Patient days	1,221,923	31	947,116		54,489	42,235	8
9	32	Interest	Patient days	1,221,923	31	1,339,694		54,489	70,891	9
10	1	Diet. Salary	Patient days	1,221,923	31	146,892	146,892	54,489	6,550	10
11	3	Housekeeping Salary	Patient days	1,221,923	31	108,487	108,487	54,489	4,838	11
12	7	Employee Benefits-Gen'l Servs	Patient days	1,221,923	31	142,881		54,489	6,371	12
13	10	Nurs & Med Record Salary	Patient days	1,221,923	31	1,259,741	1,259,741	54,489	51,320	13
14	15	Employee Benefits-Health Care	Patient days	1,221,923	31	191,270		54,489	8,529	14
15	17	Administrative Salary	Patient days	1,221,923	31	2,477,865	2,477,865	54,489	104,926	15
16	27	Employee Benefits-Administr.	Patient days	1,221,923	31	1,274,479		54,489	56,833	16
17	19	Professional Fees	Patient days	1,221,923	31	1,019,103	624,209	54,489	45,445	17
18	21	Gen'l & Administrative	Patient days	1,221,923	31	6,168,666	5,291,904	54,489	275,078	18
19	6	Repairs & Maniten.	Patient days	1,221,923	31	882,577	685,666	54,489	39,357	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 16,659,561	\$ 10,594,764		\$ 741,294	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Cambridge(2505-101/7057)		x	Operations	\$418.00	2/2003	\$ 738,400	\$ 701,747	2/12/2042	6.1800	\$ 43,549	1
2	Cambridge(2505/7055)		x	Mortgage	\$39,970.00	2/2003	7,098,500	6,746,148	12/31/2042	6.1800	418,650	2
3												3
4	Amortization-Fin/Refin Fee		x								5,649	4
5												5
	Working Capital											
6	Related party-AMS		x	working capital							70,891	6
7	Related party-FECH		x	working capital							789	7
8												8
9	TOTAL Facility Related				\$40,388.00		\$ 7,836,900	\$ 7,447,895			\$ 539,528	9
	B. Non-Facility Related*											
10	Interest Income-Repl Reserve		x								386	10
11	Interest Income(4646/4975/4979)		x								(37,787)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (37,401)	14
15	TOTALS (line 9+line14)						\$ 7,836,900	\$ 7,447,895			\$ 502,127	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.

\$ 37,419

Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

[illegible]

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2008 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2008 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2008.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2008 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2009 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2008 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Princeton Rehabilitation & Health Care Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0036244

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2008 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2008.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>296,503.00</u>	\$ <u>5,600.00</u>
2.	<u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>30,513.00</u>	\$ <u>163.00</u>
3.	<u>20-21-413-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>15,110.10</u>	\$ <u>15,110.10</u>
4.	<u>20-21-413-002-0000</u>	<u>Nursing Home Facility</u>	\$ <u>13,901.96</u>	\$ <u>13,901.96</u>
5.	<u>20-21-413-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>53,399.18</u>	\$ <u>53,399.18</u>
6.	<u>20-21-413-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>79,293.66</u>	\$ <u>79,293.66</u>
7.	<u>20-21-413-005-0000</u>	<u>Nursing Home Facility</u>	\$ <u>14,339.35</u>	\$ <u>14,339.35</u>
8.	<u>20-21-413-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>13,860.35</u>	\$ <u>13,860.35</u>
9.	<u>20-21-413-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>702.03</u>	\$ <u>702.03</u>
10.	<u>20-21-413-035-0000</u>	<u>Nursing Home Facility</u>	\$ <u>79,221.51</u>	\$ <u>79,221.51</u>
		TOTALS	\$ <u><u>596,844.14</u></u>	\$ <u><u>275,591.14</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2008 tax bills which were listed in Section A to this statement. Be sure to use the 2008 tax bill which is normally paid during 2009.

PLEASE NOTE: *Payment information from the Internet* or otherwise is **not considered acceptable tax bill documentation** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:80,000

B. General Construction Type:

Exteriorbrick

Framesteel

Number of Stories3

C. Does the Operating Entity?

☐

(a) Own the Facility

☒

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒

(a) Own the Equipment

☒

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing facility	82,377	1989	\$151,068	1
2					2
3	TOTALS	82,377		\$151,068	3

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	225		1990	1989	6,937,625	220,767	30	231,254	10,487	4,509,453	4
5	Chiller disposal		1990	1989		(79,783)	30	(79,783)		80,000	5
6			1992	1992	44,020	280	30	1,467	1,187	25,548	6
7			1993	1993	30,616	692	30	1,021	329	17,624	7
8	Related Party-Forum			1978	13,669		25			13,669	8
	Improvement Type**										
9	FLOORING/PUMP SWITCH/FREEZER MOTOR/MISC			1991	7,180		VARIOUS			7,180	9
10	EXHAUST PARTS/BOILER REPAIRS/PIPE INSUL/VALVE/FAUCET/			1992	10,511	(1,224)	VARIOUS	(1,224)		11,688	10
11	WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRES			1993	24,066	(3,417)	VARIOUS	(3,417)		24,066	11
12	DOOR/HEATING COIL/VBOILER VALVE/WATER TANK/EXTINGU			1995	27,107	(3,838)	VARIOUS	(3,838)		23,220	12
13	NEW CARPETING			1996	1,400		10			1,400	13
14	COIL REPLACEMENT(AIR CONDITIONER)			1996	4,821	(1,978)	10	(1,978)		4,821	14
15	CEILING REPAIRS			1996	1,700		12			1,700	15
16	INSTALL SB 35 PUMP			1997	3,287		10			3,287	16
17	SEAL COATING/PATCHING			1997	2,300		5			2,300	17
18	REPAIR KEBO LIFT			1997	1,917		5			1,917	18
19	LONG ELEV(INSTALL GATE RESTRICTOR-ELEV)			1998	6,800	(6,017)	10	(6,017)		6,800	19
20	SHINE-RITE(STRIP & REFINISH FLOORS)			1998	6,000		10			6,000	20
21	CORONET MFG			1998	8,970	(3,176)	10	(3,176)		8,970	21
22	REEDY EQ.(REPAIR DISHWASHERS)			1998	4,612	(1,739)	10	(1,739)		4,612	22
23	JP Graham(installation)			1999	2,781	23	10	23		2,781	23
24	Northtown (repair steamer)			1999	1,674	57	10	57		1,674	24
25	Rykoff Sexton(kitchen supplies)			1999	2,337	96	10	96		2,337	25
26	Long Elevator(repair water damage)			1999	2,949	221	10	221		2,949	26
27	Fox Valley(fire alarm inspection)			1999	2,000	133	15	133		1,354	27
28	ABC(construction management)			1999	785		5			785	28
29	Kraft Paper (desk & chairs)			1999	2,023	135	15	135		1,360	29
30	Climate Services(exhaust roof top repair)			1999	2,143	197	10	197		2,143	30
31	New Horizons(install phones and wall mounts)			1999	5,848	(2,501)	10	(2,501)		5,848	31
32	ABC:Carpentry labor			1999	2,460	226	10	226		2,460	32
33	ABC:Resilient flooring			1999	3,996	298	10	298		3,996	33
34	Equipment International (dryer fan blade)			2000	602	60	10	60		596	34
35	CSI-Coker Service (repair steam table)			2000	1,151	115	10	115		1,141	35
36	Fox Valley(fire alarm inspection)			2000	776	78	10	78		771	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center

0036244

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Equipment International (motor repair - washer)	2000	\$ 1,106	\$ 111	10	\$ 111	\$	\$ 1,098	37
38	Climate Service (replace hot water valve)	2000	1,303	130	10	130		1,291	38
39	Kraft Paper Sales Co. (HP 175 RPM)	2000	1,051	105	10	105		1,033	39
40	DePaul Plumbing (instal water line of outside sprinkler system)	2000	7,054	705	10	705		6,876	40
41	Alden Bennett Construction (time & material billing by facility)	2000	11,158	1,116	10	1,116		10,601	41
42	Fox Valley Fire & Safety (rep faulty devices from fire alarm)	2000	1,672	111	15	111		1,048	42
43	SKI-COKER SERVICE (dishwasher repair)	2000	1,834	183	10	183		1,741	43
44	Alden Bennett Construction (time & material billing)	2000	7,777	778	10	778		7,260	44
45	Fox Valley (fire alarm repair)	2000	2,338	234	10	234		2,144	45
46	ALDEN DESIGN (oxygen site plan)	2000	663	66	10	66		623	46
47	ALDEN DESIGN (oxygen site plan)	2000	357	36	10	36		337	47
48	ALDEN DESIGN (install medical gas system)	2000	1,540	154	10	154		1,450	48
49	ALDEN DESIGN (plat of survey)	2000	756	76	10	76		701	49
50	Alden Bennett Construction (oxygen tank installation)	2001	23,815	2,382	10	2,382		20,046	50
51	Alden Bennett Construction (lighting fixtures)	2001	63,680	6,368	10	6,368		56,251	51
52	New Horizons Communication (No Invoice)	2001	6,287	629	10	629		5,659	52
53	GT Mechanical Inc (exhaust fan in laundry room)	2001	2,475	165	15	165		1,485	53
54	CSL-Corker Service Inc(new Boiler installed)	2001	4,713	236	20	236		2,083	54
55	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		804	55
56	Equipment Int'l (washer repair)	2001	1,110		5			1,110	56
57	GT Mechanical Inc (repair freezer)	2001	2,886		5			2,886	57
58	Alden Bennett (miscell construction)	2001	2,913	291	10	291		2,523	58
59	Hobart (installed amps for serving steamers)	2001	1,828		5			1,828	59
60	Capps (install preassure reading valve)	2001	3,485	349	10	349		2,848	60
61	Fire Pros (control panel repair)	2001	5,425	543	10	543		6,432	61
62	Alden Bennett (miscell construction)	2001	2,876	288	10	288		2,374	62
63	Alden Bennett (miscell construction)	2001	1,622		5			1,622	63
64	Fire Pros (control panel repair)	2002	5,425	543	10	543		4,342	64
65	Alden bennet -- window sills	2002	8,139	814	10	814		6,308	65
66	GT Mechincal -- repair chiller	2002	3,449	(3,589)	5	(3,589)		3,449	66
67	Alden bennet - nursing call system install	2002	23,320	1,555	15	1,555		11,402	67
68	Simplex Grinnell (4 doors)	2003	4,391	439	10	439		3,037	68
69	Alden Bennett Construction (time & material billing by facility)	2003	20,159	2,016	10	2,016		13,944	69
70	TOTAL (lines 4 thru 69)		\$ 7,396,582	\$ 136,629		\$ 148,632	\$ 12,003	\$ 4,971,086	70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,396,582	\$ 136,629		\$ 148,632	\$ 12,003	\$ 4,971,086	1
2	D. B. S. Contracting (sprinkler system)	2003	15,935		3			15,935	2
3	Alden Bennett Construction (lamps)	2003	3,339	334	10	334		2,115	3
4	TNS Inc (DSL Cable)	2004	1,178	18	5	18		1,178	4
5	Alden Bennett Const (curries flat bar,fire rated access panel)	2004	1,229	40	5	40		1,229	5
6	Alden Bennett Const (installed fire damper)	2004	2,628	263	10	263		1,512	6
7	Alden Bennett Const (bathroom floors)	2004	3,945	395	10	395		2,007	7
8	Alden Bennett Construction (Boiler reparis)	2004	2,746		5			2,746	8
9	GT Mechanical (Heater repairs-coil replacement)	2004	5,821	582	10	582		3,492	9
10	GT Mechanical (Blower motor and fan coil replaced)	2004	1,489	149	10	149		894	10
11	GT Mechanical (Fan coil replacement)	2004	746	75	10	75		443	11
12	CSI Coker Service (steamer, food processor, coffee ura repairs)	2004	1,948	64	5	64		1,948	12
13	GT Mechanical (air controler,thermostat,switches replaced)	2004	1,966	(1,178)	10	(1,178)		1,966	13
14	Long Elevator (replaced car button, single phase rectifier)	2004	1,800	150	5	150		1,800	14
15	GT Mechanical - chiller	2004		(1,695)	5	(1,695)		1,628	15
16	Patten CAT (Generator repairs) (AMS Billings)	2004	2,660	266	5	266		2,660	16
17	Patten CAT (Generator repairs) (AMS Billings)	2004	1,594	185	5	185		1,594	17
18	Equipment International (Dryer repairs)	2004	2,950	443	5	443		2,950	18
19	Capps Plumbing (Sink & Boiler repairs)	2004	1,865	342	5	342		1,865	19
20	Alden Bennett (27-Thermal Units-Furnished & Installed)	2005	5,716	381	15	381		1,905	20
21	BROLOC Brolin Lock And Safe	2005	3,855	386	10	386		1,801	21
22	Patten CAT (0105 AMS Billings)(Vehicle Air Induct & Exhaust Sy	2005	1,986	398	5	398		1,986	22
23	GT Mechanical (Wiring,Fan Coil Replacement, Valve repairs)	2005	1,763	353	5	353		1,735	23
24	GT Mechanical (Rooftop exhaust Fan belt repairs)	2005	2,409	482	5	482		2,329	24
25	GT Mechanical (A/H 3 repairs)	2005	1,556	311	5	311		1,477	25
26	Patten CAT (0705 AMS Billings)(Remove and Install transfer swit	2005	10,964	2,193	5	2,193		9,868	26
27	ABC (Roof Repairs)	2005	2,511	502	5	502		2,217	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,481,182	\$ 142,068		\$ 154,071	\$ 12,003	\$ 5,042,366	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center

0036244

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,481,182	\$ 142,068		\$ 154,071	\$ 12,003	\$ 5,042,366	1
2	Brolin Locks and Safe (cylinders, entry levers)	2006	4,134	827	5	827		2,481	2
3	ABC (new pump alternator)	2006	5,438	1,088	5	1,088		3,264	3
4	GT Mechanical (cooling tower, IO board, condenser)	2006	2,724	(1,927)	5	(1,927)		2,724	4
5	GT Mechanical (cooling tower, IO board, condenser)	2006		(6,119)	5	(6,119)		6,376	5
6	ABC - AC compressor	2006		(2,676)	10	(2,676)		3,643	6
7	ABC (repair supplies, paint,surface cap)	2006	3,199	640	5	640		1,440	7
8	ABC (new transformer)	2006	8,185	819	10	819		1,747	8
9	ABC (new compressor)	2006	21,154	2,115	10	2,115		6,874	9
10	ABC (exhaust fan)	2006	2,801	560	5	560		1,773	10
11	A&B Custom Cable (install cable TV system)	2006	13,500	1,350	10	1,350		4,050	11
12									12
13	Fence	2007	2,813	281	10	281		703	13
14	ABC - paint facility	2007	2,589	259	10	259		755	14
15	ABC - electrical security system	2007	13,341	1,334	10	1,334		3,780	15
16	TopNotch - 2HP motor	2007	2,909	291	10	291		824	16
17	GT Mech - air compressor	2007		(2,160)	5	(2,160)		3,360	17
18	ABC - bathroom vinyl sheet flooring	2007	4,305	431	10	431		1,113	18
19	ABC - HVAC	2007		(4,208)	10	(4,208)		6,000	19
20	ABC - new doors (exit and kitchen)	2007	3,183	318	10	318		769	20
21	ABC - new parts HVAC motor	2007		(3,220)	10	(3,220)		4,882	21
22	ABC - temp a/c	2007	10,135	2,027	5	2,027		4,730	22
23	New plumbing fixtures, electrical appliances	2007	4,091	818	5	818		1,704	23
24	New tiles,fixtures/window	2008	3,478	348	10	348		580	24
25	New sewage injector pump	2008	6,619	662	10	662		1,048	25
26									26
27									27
28									28
29	Replaced ceiling tiles	2008	2,927	293	10	293		366	29
30	Repair hvac 3 way valve	2008		(598)	10	(598)		4,518	30
31	New sewer line	2008	3,500	140	25	140		152	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,602,205	\$ 135,760		\$ 147,763	\$ 12,003	\$ 5,112,022	34

**Improvement type must be detailed in order for the cost report to be considered complete.

12/31/09

****Improvement type must be detailed in order for the cost report to be considered complete.**

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,672,416	\$ 138,334		\$ 150,337	\$ 12,003	\$ 5,171,903	1
2									2
3	ABC - front entrance ramp oxygen transfilling pad	2009	5,123	58	20	58		58	3
4	ABC - ramp concrete at the entrance	2009	12,763	213	15	213		213	4
5	ABC - parking lot wall protection	2009	4,887	122	10	122		122	5
6	GT Mechanical - boiler #2 repairs	2009	7,016	1,286	5	1,286		1,286	6
7	ABC - replacement HVAC room coils	2009	3,975	66	5	66		66	7
8	GT Mechanical - heat exchanger	2009	3,529	588	5	588		588	8
9	ABC - replacement laundry door	2009	3,292	439	5	439		439	9
10	ABC - plumbing for hot water storage tank	2009	10,116	56	15	56		56	10
11	GT Mechanical - coil piping insulation	2009	12,656	1,055	5	1,055		1,055	11
12	Cable Satellite - outlets wiring	2009	6,800	227	10	227		227	12
13	GT Mechanical - cooling tower	2009	2,631	44	5	44		44	13
14									14
15	ABC - broken HVAC motor repairs	2009	2,742	183	5	183		183	15
16	Belec Electrical - rpair cooling tower feeder	2009		(1,350)	5	(1,350)		2,566	16
17	GT Mechanical - cooling tower/motor fan	2009		(4,682)	10	(4,682)		9,039	17
18	Chiller Adj - 2009 only	2009		(16,908)	15	(16,908)		27,485	18
19	Chiller Adj - 2009 only	2009		(5,734)	10	(5,734)		9,035	19
20	Chiller Adj - 2009 only	2009		(6,042)	10	(6,042)		9,911	20
21	Chiller Adj - 2009 only	2009		(5,387)	10	(5,387)		8,836	21
22	Chiller Adj - 2009 only	2009		(5,645)	10	(5,645)		9,260	22
23									23
24	Chiller Adj - 2009 only	2009	274,071	4,568	15	4,568		4,568	24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,022,017	\$ 101,490		\$ 113,494	\$ 12,003	\$ 5,256,940	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$445,627	\$24,312	\$24,312	\$		\$263,006	71
72	Current Year Purchases	149,775	9,019	9,019			9,019	72
73	Fully Depreciated Assets	827,053	8,458	8,458			827,053	73
74								74
75	TOTALS	\$1,422,455	\$41,789	\$41,789	\$		\$1,099,078	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79	Related Party AMS	various	98-02	4,415				3	4,415	79
80	TOTALS			\$4,415	\$	\$	\$		\$4,415	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$9,599,955	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$143,279	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$155,283	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$12,003	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$6,360,433	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: related party - cost is backed out
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES
- ☒ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-
-

9. Option to Buy:
- ☐ YES
- ☒ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☒ NO
16. Rental Amount for movable equipment: \$ 15,220
- Description: copy mach gl 6861, postage meter gl 6850, & office equip gl 6859
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	related party- AMS	various	\$ #####	\$ 26,368	17
18					18
19	Auto lease GL 6890	various	0.00		19
20					20
21	TOTAL		\$ #####	\$ 26,368	21

10. Effective dates of current rental agreement:

Beginning 10/01/90

Ending 09/20/22

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	12/31/2010	\$ varies
13.	12/31/2011	\$ varies
14.	12/31/2012	\$ varies

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nursing on site

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 169,241	\$		\$ 169,241	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			18,531			18,531	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			143,083			143,083	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				158,146		158,146	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Except Care Prgrm	39-1, 39-3, if any								12
13	Other (specify): See Pg 16A					(83,923)	114,016		30,093	13
14	TOTAL			\$		\$ 246,932	\$ 272,162		\$ 519,094	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.



XIV. Special Services (Direct Cost)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$169,241.00
2. ST	39-3	To Col 5	18,531.00
3.			
4. PT	39-3	To Col 5	143,083.00
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			115,345.00
Manual Input from Related Party- Forum Drugs			42,801.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	158,146.00
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
Total Exceptional Care (Line 12, Col 8)			0.00
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	(83,923.00)
Other			198,963.00
Manual Input: Related Party - Prism			(48,848.00)
Manual Input: Related Party FECII - I.V.			(60,579.00)
Oxygen, from reclass worksheet			24,480.00
13. Col 6: Supplies Total		To Col 6	114,016.00
13. Total Line 13, Column 8			30,093.00
14. Total			519,094.00
			519,094.00

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 108,361)	1,272,045	1,272,045	3
4	Supply Inventory (priced at)	255	255	4
5	Short-Term Investments			5
6	Prepaid Insurance		9,463	6
7	Other Prepaid Expenses	12,376	12,376	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	51,735	180,115	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,336,411	\$ 1,474,254	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,000,000	1,000,000	12
13	Land		155,893	13
14	Buildings, at Historical Cost		6,904,761	14
15	Leasehold Improvements, at Historical Cost	692,151	714,745	15
16	Equipment, at Historical Cost	543,810	1,875,323	16
17	Accumulated Depreciation (book methods)	(924,315)	(5,988,682)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		516,400	21
22	Other Long-Term Assets (spe Refinancing Fees		44,301	22
23	Other(specify): Due from Affiliates			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,311,646	\$ 5,222,741	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,648,057	\$ 6,696,995	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 845,346	\$ 837,560	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	179,075	179,075	28
29	Short-Term Notes Payable		71,254	29
30	Accrued Salaries Payable	336,341	336,341	30
31	Accrued Taxes Payable (excluding real estate taxes)	60,120	60,120	31
32	Accrued Real Estate Taxes(Sch.IX-B)		278,000	32
33	Accrued Interest Payable	166,187	204,544	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Insur,DueState,SalesTax,etc.	62,164	62,164	36
37	Due to Affiliates			37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,649,233	\$ 2,029,058	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		695,034	39
40	Mortgage Payable		6,681,608	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Affiliates	7,564,449	6,837,018	43
44	S/holder loans, Others	374,431	374,431	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 7,938,880	\$ 14,588,091	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,588,113	\$ 16,617,149	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,940,056)	\$ (9,920,154)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,648,057	\$ 6,696,995	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,151,920)	1
2	Restatements (describe):		2
3	external audit adjustment made after 2008 cost report was		3
4	submitted. These have no effect on prior year's report:		4
5	Bad debt, Medicare revenues (non allowables)	(4,779)	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,156,699)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(783,357)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (783,357)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (6,940,056)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 7,959,258	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,959,258	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	59,574	6
7	Oxygen	51,482	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 111,056	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	1,260	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,260	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	37,787	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 37,787	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)	42,534	27
28	see page 19a	1,341	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 43,875	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,153,236	30

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,555,448	31
32	Health Care	3,233,273	32
33	General Administration	2,238,302	33
	B. Capital Expense		
34	Ownership	1,141,219	34
	C. Ancillary Expense		
35	Special Cost Centers	645,163	35
36	Provider Participation Fee	123,188	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,936,593	40
41	Income before Income Taxes (line 30 minus line 40)**	(783,357)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (783,357)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

STATE OF ILLINOIS

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center # 0036244 Report Period Beginning: 1/1/09 Ending: 12/31/09

Details of Page 19, Line 28

Jury Duty	-
Food rebate	1,201.00
Medical records	140.00
Total	1,341.00

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,224	2,320	\$ 96,217	\$ 41.47	1
2	Assistant Director of Nursing	2,234	2,313	77,010	33.29	2
3	Registered Nurses	7,010	7,384	215,073	29.13	3
4	Licensed Practical Nurses	41,209	43,920	1,151,092	26.21	4
5	CNAs & Orderlies	71,639	78,198	879,620	11.25	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,898	2,117	26,137	12.35	8
9	Activity Director	1,768	2,074	40,830	19.69	9
10	Activity Assistants	5,486	6,092	58,644	9.63	10
11	Social Service Workers	1,760	1,797	31,839	17.72	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	48,118	23.13	13
14	Head Cook					14
15	Cook Helpers/Assistants	20,641	23,267	249,420	10.72	15
16	Dishwashers					16
17	Maintenance Workers	1,968	2,088	49,125	23.53	17
18	Housekeepers	19,792	21,474	231,190	10.77	18
19	Laundry	6,957	7,380	73,286	9.93	19
20	Administrator	1,944	2,547	94,201	36.99	20
21	Assistant Administrator	2,360	2,360	67,407	28.56	21
22	Other Administrative	7,081	7,272	174,444	23.99	22
23	Office Manager	2,080	2,080	30,659	14.74	23
24	Clerical	2,672	2,766	26,943	9.74	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,138	2,142	69,567	32.48	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Beh Counselor/Clinical	8,945	9,300	187,815	20.20	32
33	Other(specify) Beh Security	8,543	8,888	85,612	9.63	33
34	TOTAL (lines 1 - 33)	222,429	239,859	\$ 3,964,249 *	\$ 16.53	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	900/monthly	\$ 10,800	1-3	35
36	Medical Director	3817/monthly	45,800	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	396/monthly	4,752	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	183/monthly	2,198	11-3	44
45	Social Service Consultant	22/monthly	268	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 63,818		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number		Alden Princeton Rehabilitation & Health Care Cent		STATE OF ILLINOIS		Report Period Beginning: 1/1/09		Page 21		
				# 0036244				Ending: 12/31/09		
XIX. SUPPORT SCHEDULES										
A. Administrative Salaries				Ownership			D. Employee Benefits and Payroll Taxes			
Name		Function	%	Amount	Description		Amount		F. Dues, Fees, Subscriptions and Promotions	
									Description	
									Amount	
Marcelino Villafania		Administrator	0	\$ 94,201	Workers' Compensation Insurance		\$ 96,380		IDPH License Fee	
Trina Springs-Render		Asst Administrator	0	20,077	Unemployment Compensation Insurance		65,904		Advertising: Employee Recruitment	
Hannelore Kish		Asst Administrator	0	47,330	FICA Taxes		290,246		Health Care Worker Background Check	
					Employee Health Insurance		65,121		(Indicate # of checks performed 84)	
					Employee Meals		43,017		Patient Background Checks	
					Illinois Municipal Retirement Fund (IMRF)*				105	
					Union, Health and Welfare		88,074		Surety Bond Fees	
					Dental and Life		1,856		IL Health Care Associations	
					Pension		28,342			
TOTAL (agree to Schedule V, line 17, col. 1)										
(List each licensed administrator separately.)				\$ 161,608						
B. Administrative - Other										
Description				Amount						
				\$						
TOTAL (agree to Schedule V, line 17, col. 3)				\$						
(Attach a copy of any management service agreement)										
C. Professional Services										
Vendor/Payee		Type	Amount	Description		Line #	Amount		G. Schedule of Travel and Seminar**	
Alden Management Services		Consulting Fees	\$ 601,936				\$		Description	
Ken Fisch		Legal Fees	14,230						Amount	
First Advantage Group		Tax Consulting	11,692						Out-of-State Travel	
Pathway (reclassified to Nursing)		Clinical Support	20,079						\$	
IL Assoc of Health Care		Union Matters	2,700							
									In-State Travel	
BDO Seidman		Accounting Fees	6,203						Related party - AMS	
Virchow Krause		Accounting Fees	5,201						4,092	
Medifax		Billing Consultant	585						Seminar Expense	
Ava Daly		Accounting Fees	109						Deming Leadership Training	
KPMG		Accounting Fees	123						Long Term Care/Health Care	
									965	
									Rehab/Service Training	
									929	
									Entertainment Expense	
TOTAL (agree to Schedule V, line 19, column 3)									(agree to Sch. V,	
(If total legal fees exceed \$5,000, attach copy of invoices.)				\$ 662,858					line 24, col. 8)	
									TOTAL	
									\$ 7,711	

* Attach copy of IMRF notifications

**See instructions.

Legal Fees Reported on Pg 21, Section C:	14,230.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(13,638.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<u>-</u>
Allowable Legal Fees	<u><u>592.00</u></u>

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014
1	Alden Bennet Construction	11/02	\$ 4,749	15	\$ 317	\$ 317	\$ 317	\$ 317	\$ 317	\$ 317	\$ 317	\$ 317	\$ 317
2	GT Mech-dining room fan	2005	3,614	5	301	723	723	723	723	421			
3	GT Mech-chiller assembly	2005	2,579	5	129	516	516	516	516	386			
4	Climate Service	1/95	4,318	15	288	288	288	288	288				
5	Air Unit Repair	5/96	1,800	15	120	120	120	120	120	70			
6	Motor HVAC	6/96	1,475	15	98	98	98	98	98	49			
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 18,535		\$ 1,253	\$ 2,062	\$ 2,062	\$ 2,062	\$ 2,062	\$ 1,243	\$ 317	\$ 317	\$ 317

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes

(2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA \$8,501, IL Assoc of HCF \$2,700

(3) Did the nursing home make political contributions or payments to a political action organization? Yes
If YES, have these costs been properly adjusted out of the cost report? Yes

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No
If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 34,696 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes
If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X
If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 123,188
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No
If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No
For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 43,017
Has any meal income been offset against related costs? Indicate the amount. \$

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No
If YES, please indicate the amount of income earned from such a program during this reporting period. \$
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0

(17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name:

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes

(19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.